



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
PLANT INDUSTRIES DIVISION
PLANT PEST CONTROL BUREAU

P.O. BOX 630
JEFFERSON CITY, MO 65102
(573) 751-5505
FAX (573) 751-0005

APPLICATION FOR NURSERY GROWER'S REGISTRATION - INSPECTION CERTIFICATE

BUSINESS/LOCATION NAME AND ADDRESS, INCLUDING OWNERS NAME		MAILING ADDRESS IF DIFFERENT THAN BUSINESS ADDRESS
COUNTY	JACKSON COUNTY: <input type="checkbox"/> NORTH OF I-70 <input type="checkbox"/> SOUTH OF I-70	

PLEASE REMIT THE FOLLOWING FEES:

Fees are based on acres of salable stock. If you are a new business obtaining your license for the first time, you will be billed after inspection is completed.	CORRECT ACRES TO SHOW ACRES OF SALABLE STOCK
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Make checks payable to the Missouri Department of Agriculture.
Please return this completed application along with the fees to the above address.

PLEASE MARK EACH BOX WHICH APPLIES TO YOUR BUSINESS:

<input type="checkbox"/> RETAIL GARDEN CENTER	<input type="checkbox"/> FIELD GROWN NURSERY STOCK	<input type="checkbox"/> LANDSCAPING	<input type="checkbox"/> GREENHOUSES
<input type="checkbox"/> CONTAINER/B&B STOCK	<input type="checkbox"/> SOD FARM	<input type="checkbox"/> TREE SPADE	<input type="checkbox"/> WILD TREES

PLEASE MARK THE TYPE OF LICENSE(S) BEING REQUESTED:

<input type="checkbox"/> NURSERY STOCK	<input type="checkbox"/> BULB	<input type="checkbox"/> SOD	<input type="checkbox"/> WILD NATIVE PLANTS
<input type="checkbox"/> STRAWBERRY	<input type="checkbox"/> BRAMBLE	<input type="checkbox"/> GREENHOUSE	

Please list **all locations** where nursery stock is grown, maintained, or offered for sale. Detailed information such as addresses, maps, or legal descriptions of all sites would be appreciated. Please include an acreage estimate for each individual location. Additional sheets may be attached if necessary.

LOCATION/ADDRESS/LEGAL DESCRIPTION	ACREAGE

PLEASE LIST ALL STATES INTO WHICH YOU PLAN TO SHIP NURSERY STOCK

REVERSE SIDE OF FORM MUST BE COMPLETED.

PLEASE LIST THE FIRMS FROM WHICH YOU PURCHASE NURSERY STOCK	
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OWNER OR AUTHORIZED REPRESENTATIVE	TELEPHONE NUMBER	DATE
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E-MAIL ADDRESS		
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